PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

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H. DALE LANGLEY, JR.				Certificate of Mailing or Transmission I hereby certify that this Fcc(s) Transmittal is being deposited with the United			
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			<u> </u>	Deanna	Solis	(Depositor's name)	
			-	- Mange	Solis	(Signature)	
APPLICATION NO. FILING DATE				1-11-	- 2008	(Date)	
	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/614,305 07/03/2003			Dwight B. DuBois		CENT:005	8237	
TITLE OF INVENTION: VIEWABLE SPECIMEN PACKAGING SYSTEM AND METHOD							
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1440	\$300	\$0	\$1740	04/10/2008	
EXAMIN	ER	ART UNIT	CLASS-SUBCLASS	٠	******	04/10/2000	
RICCI, JOHN A		3711	206-776000				
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).							
CFR 1.363). Change of correspond	dence address (or Cha	nge of Correspondence	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to				
Change of correspond	22) attached.	nge or correspondence	(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to				
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)							
PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
(A) NAME OF ASSIGN	EE		(B) RESIDENCE: (CITY and STATE OR COUNTRY)				
Cenetron Diagnostics, Ltd.							
,							
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🖾 Corporation or other private group entity 🔘 Government							
4a. The following fee(s) are ✓ Issue Fee	submitted:	4b	p. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)				
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Typed or printed name H. Dyle Lungley dr.					35,927		
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